

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Grade Completed by Summer 2017 \_\_\_\_\_

T-Shirt Size: Youth: S \_\_\_ M \_\_\_ L \_\_\_ Adult: S \_\_\_ M \_\_\_ L \_\_\_ XL

How did you hear about Camp? Ad \_\_\_ Word of Mouth \_\_\_ Previous Camper \_\_\_ Other \_\_\_\_\_

**Parent/Guardian Information**

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
 Employer \_\_\_\_\_ Employer \_\_\_\_\_  
 Business Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
 E-Mail \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 If not available in an emergency, notify: \_\_\_\_\_ Phone \_\_\_\_\_

**Marital Status:** Married \_\_\_ Re-Married \_\_\_ Divorced/Single Parent \_\_\_  
 Father Christian? \_\_\_ Name of Church \_\_\_\_\_  
 Location \_\_\_\_\_  
 Mother Christian? \_\_\_ Name of Church \_\_\_\_\_  
 Location \_\_\_\_\_  
 Child Christian? \_\_\_ Name of Church \_\_\_\_\_  
 Location \_\_\_\_\_

**Health History**

(Please give us any information that will help us in working with your child)

1. Medical Operation/Serious Injury Dates: \_\_\_\_\_
2. Chronic illness/Medical conditions: \_\_\_\_\_
3. Current Medications/Send with Instructions: \_\_\_\_\_
4. Dietary Restrictions: \_\_\_\_\_
5. Allergies: \_\_\_\_\_
6. Other conditions that would help us in working with your child in all capacities, emotionally, mentally, physically, etc. \_\_\_\_\_
7. Handicap: \_\_\_\_\_
8. Able to swim independently? Yes \_\_\_ No \_\_\_
9. Do you carry Medical/Hospital Insurance? Yes \_\_\_ No \_\_\_ If so, Indicate:  
 Carrier \_\_\_\_\_ Policy No \_\_\_\_\_

**Health History** (Check and give approximate dates)

Frequent Ear Infections \_\_\_\_\_  
 Heart Defect/Disease \_\_\_\_\_  
 Convulsions \_\_\_\_\_  
 Diabetes \_\_\_\_\_  
 Bleeding/Clotting Disorders \_\_\_\_\_  
 Hypertension \_\_\_\_\_  
 Mononucleosis \_\_\_\_\_

**Allergies** (Dates not needed)

Hay Fever \_\_\_\_\_  
 Ivy Poisoning; etc. \_\_\_\_\_  
 Insect Stings \_\_\_\_\_  
 Penicillin \_\_\_\_\_  
 Other Drugs \_\_\_\_\_  
 Asthma \_\_\_\_\_  
 Other (Specify) \_\_\_\_\_

**Diseases:** Chicken Pox \_\_\_\_\_ Measles \_\_\_\_\_ German Measles \_\_\_\_\_ Mumps \_\_\_\_\_

Office Only: Date Enrolled: \_\_\_\_\_ Deposit: \_\_\_\_\_ Cash: \_\_\_\_\_ Check: \_\_\_\_\_ SCHL: \_\_\_\_\_

**Emergency Medical/Release Form**

In the event that I cannot be reached to make arrangements for emergency medical attention, I hereby authorize the Director of this Camp or a staff member to take my child to the following doctor, clinic, or hospital:

_____	_____	_____
Doctor's Name	Hospital/Office	Phone
_____	_____	_____
Dentist/Orthodontist's Name	Hospital/Office	Phone

**Release of Child**

When my child is brought to the First Baptist Church Activities Center, he/she will be left with a staff member and released to be picked up **only to the parents or persons whose names are listed below:**

_____	_____
Name & Telephone	Name & Telephone
_____	_____
Name & Telephone	Name & Telephone
_____	_____
Name & Telephone	Name & Telephone

**Our ministry commits to staff and expenditures based on our enrollment. No parent is charged an extra enrollment fee. The deposit you pay is applied to your last week of service. In fairness to this program, you will be expected to pay for the weeks to which you've committed your child but do not show up to. It is the way for us to ensure the continuance of our ministry. Thank you for your attention and understanding in this matter. Our camp also retains the right to refuse enrollment if the camp feel the camper may be hindrance to the camp.**

**Reminder: You must decide exactly what weeks your Camper/Campers will attend by May 22, 2017, when we must finalize our enrollment.** Our enrollment is limited. After camp begins, you must pay for any weeks for which you have committed your child, regardless of changes in vacations, sports events, and etc., so please plan carefully. This is done in fairness to those on the waiting list whom we can't place later on in the summer due to them being placed elsewhere. The weeks you give up are given to those on the waiting list.

**Circle Weeks Attending:**

- (1) June 5-9   (2) June 12-16   (3) June 19-23   (4) June 26-June 30   (5) July 3-7\*   (6) July 10-14
- (7) July 17-21   (8) July 24-28   (9) July 31-August 4   (10) August 7-11

**\*Camp closed on July 4**

I hereby give my full consent to the above releases for my child and agree to the statements above.

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

**FIRST BAPTIST CHURCH OF WACO LIABILITY RELEASE FORM**

Summer Camp

In consideration of being accepted by First Baptist Church of Waco, Texas for participation in summer camp and all of its activities, events or trips to be held, we (I), being 18 years of age or older, for ourselves and on behalf of the child-participant (as named below) do hereby release, forever discharge and agree to hold harmless First Baptist Church of Waco, its staff, employees, leaders, directors, volunteers and any other agents (hereinafter called "agents") from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and/or the child-participant that occur while said child is participating in any church activity, event or trip, irregardless of the location(s) of such activity, event or trip.

**Assumption of Risk**

Furthermore, we (I) assume all risk of personal injury, sickness, death, damage and expense as a result of participation in all aspects of the above referenced activity/event for ourselves and on behalf of the child-participant. Such risks may include exposure to other participants who are ill or have special medical conditions.

**Permission to Participate**

Further, we (I) are the parent(s) or legal guardian(s) of this participant, and grant our (my) permission for him/her to participate fully in all First Baptist Church summer camp activities, events or trips. First Baptist Church of Waco or its agents is authorized to furnish any necessary transportation, food and lodging for this participant.

**Indemnification**

The undersigned agrees to hold harmless and indemnify First Baptist Church of Waco and its agents for any liability and related expenses sustained by said Church as the result of the negligent, willful or intentional acts of said participant.

**Medical Treatment Authorization**

Permission is granted to take said participant to a doctor or hospital if needed. We (I) authorize medical treatment, including but not limited to, emergency surgery, and assume the responsibility of all medical bills, if any.

**Unplanned Transportation Costs**

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) assume all transportation costs and as appropriate, to fully indemnify and/or reimburse First Baptist Church of Waco or its agents.

**Photo/Audio/Web Release**

Further, we (I) consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the child -participant during their participation in any activity, event or trip to be used, distributed, or shown as said Church sees fit including but not exclusive to: slide shows, church web site, print media and local newspapers.

Name of Participant \_\_\_\_\_

\_\_\_\_\_  
Name of Parent/Guardian (Print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Place a Copy of  
Your  
Insurance Card Here  
**(side 1)**  
\_\_\_\_\_

\_\_\_\_\_  
Place a copy of  
Your  
Insurance Card Here  
**(side 2)**  
\_\_\_\_\_